

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 04-01-05.

Per Rule 133.308(e)(1) date of service 03-31-04 was not timely filed and is not eligible for review.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order. The amount of reimbursement due from the carrier for the medical necessity issues equals **\$4,518.88**.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The therapeutic exercises were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This Findings and Decision is hereby issued this 26th day of May 2005.

Medical Dispute Resolution Officer
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees for dates of service 04-14-04 through 06-11-04 totaling \$4,518.88 in accordance with the Medicare program reimbursement methodologies effective August 1, 2003 per Commission rule 134.202(c), plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order.

This Order is hereby issued this 26th day of May 2005.

Manager Medical Necessity Team
Medical Review Division

Enclosure: IRO decision

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IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 24, 2005

Re: IRO Case # M5-05-2155 –01

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic who is licensed in Texas, and who has met the requirements for the TWCC Approved Doctor List or who has been granted an exception from the ADL. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed services
2. Explanation of benefits
3. IRO request 5/4/05, Real health Care
4. TWCC 69s 7/28/04, 3/5/04
5. DD evaluations, 7/18/04, 12/5/03
6. Narrative report 11/26/03, Dr. Randolph
7. Operative reports, 1/29/04, 3/18/05, 6/15/04, Dr. Shanti

8. FCE report, 2/24/04
9. Progress reports 3/8/04, 6/7/04, Dr. Randolph
10. Daily SOAP notes, Dr. Randolph
11. Exercise log sheets, Dr. Randolph
12. Reports, Dr. Shanti

History

The patient injured his lower back in ____ when he was lifting a prisoner onto a gurney. He was treated with lumbar nerve root injections prior to his initial visit with his D.C. on 2/2/04. Since then, the patient has had further injections and facet blocks.

Requested Service(s)

Therapeutic exercises 4/14/04 – 6/11/04

Decision

I disagree with the carrier's decision to deny the requested services.

Rationale

Based on the records provided for his review, the D.C.'s treatment was beneficial to the patient.

Studies show that active therapeutic rehabilitation following lumbar epidural steroid injections and facet blocks is a reasonable and necessary course of treatment.

In Dr. Shanti's report of 9/1/04, it states that the patient's lumbar pain is mild, VAS 4/10, with less radiating pain, fewer spasms and less burning. It was also noted that the patient's endurance and strength had improved 65%, that ROM and sleep was better, and that medications decreased without causing significant discomfort. The report also noted that the patient's desire to return to work was strong, and that the D.C.'s treatment was beneficial, reasonable and necessary.

The D.C.'s exercise logs showed a gradual increase in intensity and volume of exercise, indicating that treatment was beneficial in increasing strength and endurance while also decreasing pain and improving function. The D.C.'s exercise protocol, including frequency and duration and choice of exercise was medically reasonable and necessary, and was beneficial. The documentation provided supported the medical necessity of the disputed services.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,

Daniel Y. Chin, for GP